

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Number of CD Disks:: 0

Number of Copies of CDs:: 0

Sequence Submission?:: No

Computer Readable Form (CRF)?:: No

Number of Copies of CRF:: 0

Title:: SELECTIVE PLACEMENT OF DISLOCATION  
ARRAYS

Attorney Docket Number:: ASC-061

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 4

Total Drawing Sheets:: 12

Small Entity?:: No

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: Anthony

Middle Name:: J.

Family Name:: Lochtefeld

Name Suffix::  
City of Residence:: Somerville  
State or Province of Residence:: MA  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 73 Garrison Avenue  
City of Mailing Address:: Somerville  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 02144

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.A.  
Status:: Full Capacity  
Given Name:: Christopher  
Middle Name:: W.  
Family Name:: Leitz  
Name Suffix::  
City of Residence:: Nashua  
State or Province of Residence:: NH  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 1 Clocktower Place, Apt. 225  
City of Mailing Address:: Nashua  
State or Province of Mailing Address:: NH  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 03060

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.A.  
Status:: Full Capacity  
Given Name:: Matthew  
Middle Name:: T.  
Family Name:: Currie  
Name Suffix::

City of Residence:: Windham  
State or Province of Residence:: NH  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 8 Fletcher Road  
City of Mailing Address:: Windham  
State or Province of Mailing Address:: NH  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 03087

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.A.  
Status:: Full Capacity  
Given Name:: Mayank  
Middle Name::  
Family Name:: Bulsara  
Name Suffix::  
City of Residence:: Cambridge  
State or Province of Residence:: MA  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 62 Spring Street, Apartment 2L  
City of Mailing Address:: Cambridge  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 02141

#### **Correspondence Information**

Correspondence Customer Number:: 021323

#### **Representative Information**

Representative Customer Number:: 021323

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional	60/399,171	July 29, 2002
This application	Non-Provisional	60/452,516	March 6, 2003

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	

**Assignee Information**

Assignee Name:: AmberWave Systems Corporation  
City of Mailing Address:: Salem  
State or Province of Mailing Address:: NH  
Country of Mailing Address:: U.S.A.